

Chapter 163 of the N.C. General Statutes

The following are the duties of the witnesses:

For all voters: a candidate, UNLESS the candidate is a candidate for a federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

Witnesses' Certification:

ROGER LANE STORMS
7242 NC 211 HWY W
BLADENBORO, NC 28320

UNA - BLADEN COUNTY

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ I am providing assistance to the voter because a near relative or legal guardian is unavailable to assist the voter.

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses (Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Signature (Required)	Signature (Required)
371 Sunset Park Rd.	600 North Main St
Street Address (Required)	Street Address (Required)
Bladenboro, NC 28320	Bladenboro NC 28320
City, State and Zip (Required)	City, State and Zip (Required)
10/31/2018	10/31/18
Date	Date

Option 2: Notary Public as Witness (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

SEAL

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;

For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

CHRISTY CHESHIRE STORMS
7242 NC 211 HWY W
BLADENBORO, NC 28320

UNA - BLADEN COUNTY

Voter's Certification (Required)

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☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete **Option 2** of the Witnesses' Certification)

Signature

Signature

Name (Correction if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

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Witness #1	Witness #2
<p>Signature (Required)</p> <p>3711 Sunset Park Road</p> <p>Street Address (Required)</p> <p>Bladenboro NC 28320</p> <p>City, State and Zip (Required)</p>	<p>Signature (Required)</p> <p>1600 North Main St</p> <p>Street Address (Required)</p> <p>Bladenboro NC 28320</p> <p>City, State and Zip (Required)</p>
<p>Date</p> <p>10/31/18</p>	<p>Date</p> <p>10/31/18</p>

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

SEAL

Signature of Voter (if applicable)

Address where application and ballots should be mailed

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For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

W J EDWARDS SR
314 5TH ST
BLADENBORO, NC 28320

DEM - BLADEN COUNTY

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a  **Option 2** of the *Witnesses' Certification*

 10-8-18
Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

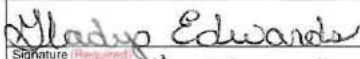
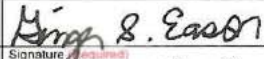
Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
 Signature (Required) Gladys Edwards Street Address (Required) 314 5th Street City, State and Zip (Required) Bladenboro, NC 28320 Date 10-8-18	 Signature (Required) King S. Eason Street Address (Required) 401 Edwards Ave. City, State and Zip (Required) Bladenboro, N.C. 28320 Date 10-8-18

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

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STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

SEAL

Second Primary Request or Runoff Request

In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

Annual Request for Illness/Disability

Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

P.O. BOX 691 BLADENBORO
Address where application and ballots should be mailed